

# **Executive Summary**

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## **Study Populations**

### **Healthy Options General Child Population**

Children aged 12 years old and younger who were continuously enrolled in Medicaid from July 1, 2001 through December 31, 2001 in a Healthy Options plan and had English as their primary language were randomly selected from Medicaid enrollment data. Up to a one-month break in enrollment period was allowed. This sample excludes children assigned a prescreen status code of having a chronic condition, in accordance with the methodology recommended by the National Committee for Quality Assurance (NCQA). The chronic condition prescreen status code was based on claims and encounter data, as specified in Volume 3 of the NCQA Health Plan Employer Data and Information Set.<sup>1</sup>

### **Healthy Options Children with Chronic Conditions Population**

Children aged 12 years old and younger who were continuously enrolled in Medicaid from July 1, 2001 through December 31, 2001 in a Healthy Options plan and had English as their primary language were selected from Medicaid enrollment data. Up to a one-month break in enrollment period was allowed. Children were identified as having a chronic condition based on responses to the survey questions. This sample includes randomly selected children as well as children assigned a prescreen status code of having a chronic condition, in accordance with the methodology recommended by NCQA. (For additional information, see “Analysis” section.)

### **Kaiser Foundation Health Plan Child Population**

Children aged 12 years old and younger who were continuously enrolled in Medicaid from July 1, 2001 through December 31, 2001 in Kaiser Foundation Health Plan and had English as their primary language were randomly selected from Medicaid enrollment data.

### **Children’s Health Insurance Program (CHIP)**

Children aged 12 years old and younger who were continuously enrolled in CHIP from July 1, 2001 through December 31, 2001 and had English as their primary language were randomly selected for inclusion in the CAHPS Child survey.

## **Sampling Methodology**

### **Healthy Options – Enrollment Data**

For each of the six participating plans in Healthy Options, 1,275 children meeting the Medicaid eligibility criteria were randomly selected for the CAHPS Child survey. This group of 1,275 randomly selected children per plan represents the Healthy Options general child population (Sample A). Additionally, up to 1,650 children with a chronic condition prescreen status code (based on claims and encounter data) were also selected for the CAHPS Child survey (Sample B), yielding a total survey sample size of up to 2,925 members per health plan. Please note, not all plans were able to identify 1,650 children with chronic conditions; therefore, Sample B for these plans was less than 1,650.

### **Kaiser Foundation Health Plan – Enrollment Data**

For Kaiser Foundation Health Plan, 739 children meeting the Medicaid eligibility criteria were randomly selected for the CAHPS Child survey. Since Kaiser Foundation Health Plan is a Basic Health Plan, the population size was limited.

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<sup>1</sup> National Committee for Quality Assurance. *HEDIS 2002, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2001.

## Children's Health Insurance Program (CHIP) – Enrollment Data

CHIP was initiated in the State of Washington on February 17, 2000. Since CHIP is a relatively new program, the population size for CHIP was limited. A statewide random sample of 738 non-duplicated Washington resident child enrollees was selected from enrollment data.

## Survey Process

Surveys were administered to the selected enrollees from the six health plans participating in Healthy Options, Kaiser Foundation Health Plan, and CHIP. On April 29, 2002, 14,846 Healthy Options enrollees, 739 Kaiser Foundation Health Plan enrollees, and 738 CHIP enrollees, for a total of 16,323, were mailed cover letters and survey questionnaires. If a survey was not returned within about one week, a reminder postcard was mailed. A second survey was then mailed to non-respondents within 30 days of the first survey mailing. If a questionnaire was still not returned, a second postcard reminder was sent out about one week after the second survey mailing. Non-respondents received follow-up telephone calls (Computer Assisted Telephone Interviews) for five weeks with up to six calls attempted per client. The entire survey administration closed on July 15, 2002.

## Types of Questions

This report presents data for four general types of survey questions:

- 1) Questions that asked respondents to rate aspects of their child's care from 0 to 10, where 0 = Worst Possible and 10 = Best Possible.
- 2) Questions that asked respondents to report how often something happened, by choosing "Never," "Sometimes," "Usually," or "Always."
- 3) Questions that asked if certain things were "A Big Problem," "A Small Problem," or "Not A Problem."
- 4) Questions that asked respondents if anyone helped with the problem, by choosing "Yes" or "No."

## Response Rates

The overall response rate for the State of Washington was 46.0%. For the Healthy Options population, the overall response rate was 45.6%. The overall response rate for the Kaiser Foundation Health Plan was 55.6%, and the overall response rate for CHIP was 44.3%. The actual number of responses varied per question.

## Analysis

### Determining Children with Chronic Condition Status

For the Healthy Options population (excluding Kaiser Foundation Health Plan and CHIP), 2,250 children were identified as having a chronic condition (as determined by responses to the survey questions). It is important to note that the 2,250 children identified as having a chronic condition are not mutually exclusive and included children from both Sample A (711 children) and Sample B (1,539 children). The sample prescreening status code used to identify Sample B is not the determining factor for a child with a chronic condition. Instead, the 2002 CAHPS 2.0H Child survey contains a Children with Chronic Conditions (CCC) survey-based screening tool and responses to those specific questions determined who was assigned to the CCC group. In addition, if a child was randomly selected in Sample A (the general Healthy Options population) and was also identified as having a chronic condition based on responses to the CCC survey-based screening tool, then the child's responses are included for both the general Healthy Options population and the CCC population.

## Rounding

Survey response distributions (bars) for individual questions may not always sum to 100% due to rounding.

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## Case-Mix Adjustment

Case-mix refers to the characteristics of respondents used in adjusting the results for comparability among health plans. Results in the child Healthy Options studies (general child population and children with chronic conditions population) were case-mix adjusted for general health status of the child, and educational level and age of the respondent. Given that differences in case-mix can result in differences in ratings between plans that are not due to differences in quality, the data were adjusted to make plans similar for these characteristics.

In general, the demographics of a response group influence CAHPS results. In order to allow for valid plan-to-plan comparisons, case mix adjustment was performed to control for differences in child health status, respondent age, and respondent education. The case mix adjustment was performed using standard linear regression modeling techniques. This procedure was performed independently on the Healthy Options general child population (Sample A), and also on the Healthy Options children with chronic conditions population.

## Statistical Analysis

Tests of statistical significance were performed only on the Healthy Options population.<sup>2</sup> First, a global  $F$  test was performed to determine if any of the adjusted plan means differed significantly from the adjusted Healthy Options state mean. If the global  $F$  test revealed that plans did differ significantly, independent  $t$  tests were performed to determine if each plan's adjusted mean differed significantly from the overall adjusted state mean. An alpha-level of 0.05 was used to determine statistical significance (i.e.,  $p < 0.05$ ). Please note, plans with fewer than 85 responses for a single survey item were not included in the statistical tests.

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<sup>2</sup> Given that Kaiser Foundation Health Plan is a Basic Health Plan and does not contract directly with Healthy Options, Kaiser is not comparable to the other Washington plans. Likewise, given that CHIP is a separate state program, it is not comparable to the other Washington plans.